

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/522195

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

	7 TOTAL AMOUNT OF REFUND \$ _____
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10 REASON:	8 TO BE REFUNDED BY: <u>9938822592</u> Credit Treasury Check \$500.00 Credit Deposit A/C #: <u>XXXXXXXXXXXX1007</u>
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:	
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TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: _____	PHONE: _____
OFFICE: _____	

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____	DATE: _____
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: